

<b>Case Number:</b>	CM13-0068630		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old male who reported an injury on 10/17/2005. The mechanism of injury was cumulative trauma related to the performance of job duties. The resulting injuries were to the patient's spine and bilateral knees. The patient's course of treatment to date is unclear; however, it is noted that he received 2 unspecified knee surgeries to the left knee in 1987 and 1992. In 2013, the patient was referred for a course of chiropractic, Orthovisc injections, and a TENS unit; the patient stated that he had used a TENS in the past with positive results. The patient was also noted to have been prescribed Ketoprofen 75 mg 3 times a day, and topical Terocin patches. It was noted that the patient is attempting to avoid oral medications. The most recent clinical note is dated 11/25/2013 and revealed range of motion to the bilateral knees from 0 to 110 degrees. There was general tenderness to palpation and crepitus with motion. The thoracic spine revealed a mild decrease in range of motion with muscle spasms noted. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PURCHASE OF A TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 114.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend the use of TENS to treat certain musculoskeletal conditions. These conditions include neuropathic pain, phantom limb pain and CRPS-2 pain, spasticity, and multiple sclerosis. It is recommended that a TENS unit be used as an adjunct treatment to a rehabilitation program. Criteria for the use of TENS includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities (including medication) have been tried and failed, and evidence that a 1 month trial of a home TENS unit was effective. Although the patient was noted to be experiencing muscle spasms, there was no evidence that the patient has undergone a 30 day trial with evidence of objective pain relief, increased function, and decreased medication use. Without a successful 30 day trial, a purchase of a TENS unit is not indicated. The request for purchase of a TENS unit is not medically necessary and appropriate.